

# ATTACHMENT 5

## Examples of requests for prior authorization for oral surgery services

Examples of new requests for prior authorization before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

For example, if both of the following are true:		Then use the following:	
Date of receipt	Requested start date	Prior authorization (PA) forms and instructions	Codes
9/1/03	9/30/03	Pre-HIPAA Prior Authorization Dental Request Form (PA/DRF) and instructions	Pre-HIPAA nonmedical codes
9/30/03	10/14/03	Pre-HIPAA PA/DRF and instructions	Pre-HIPAA nonmedical codes
10/14/03	11/1/03	Revised PA/DRF and instructions	National nonmedical codes

For the following examples, the service to be performed is an incision of lingual frenum, to be provided in an office.

For example, if both of the following are true:		Then use the following:			
Date of receipt	Requested start date	Prior authorization (PA) forms and instructions	Procedure code	Place of service code	Type of service code
9/1/03	9/30/03	Pre-HIPAA PA/DRF and instructions	41010	3	G
9/30/03	10/14/03	Pre-HIPAA PA/DRF and instructions	41010	3	G
10/14/03	11/1/03	Revised PA/DRF and instructions	41010	11	None